

STATEMENT OF ECONOMIC INTERESTS

Date Received
 Official Use Only

COVER PAGE

2011 APR -4 PM 3:37

Please type or print in ink.

NAME OF FILER (LAST) CRATON (FIRST) MARY (MIDDLE) E

1. Office, Agency, or Court

Agency Name CITY OF CANYON LAKE
 Division, Board, Department, District, if applicable _____
 Your Position COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of CANYON LAKE ☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
 -or-
 The period covered is 1/1/10, through December 31, 2010.
☐ Assuming Office: Date _____
☐ Leaving Office: Date Left _____
 (Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is _____, through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached
 -or-
☐ None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this is
 I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/30/11 (month, day, year) Signature _____

city

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Mary Craton

► NAME OF SOURCE
LCC - LEAGUE OF CA CITIES
ADDRESS (Business Address Acceptable)
1400 K ST SACRAMENTO CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/21/10</u>	<u>\$3421</u>	<u>LUNCH</u>
<u>4/8/10</u>	<u>\$3421</u>	<u>LUNCH</u>
<u>6/17/10</u>	<u>\$3421</u>	<u>LUNCH</u>

► NAME OF SOURCE
LCC - RIVERSIDE DIVISION
ADDRESS (Business Address Acceptable)
ABOVE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DIVISION BOARD MEETING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/8/10</u>	<u>\$20</u>	<u>DINNER</u>
<u>4/12/10</u>	<u>\$20</u>	<u>DINNER</u>
<u>6/14/10</u>	<u>\$20</u>	<u>DINNER</u>

► NAME OF SOURCE
ABOVE - CONTINUED
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/9/10</u>	<u>\$20</u>	<u>DINNER</u>
<u>10/11/10</u>	<u>\$20</u>	<u>DINNER</u>
<u>1/1/10</u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
CLewis, BRISBOIS
Betsy HARTMAN BISCANA + SMITH LLP
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
MENIFEE MAYOR'S BALL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/23/10</u>	<u>\$860-</u>	<u>DINNER</u>
<u>1/1/10</u>	<u>\$</u>	<u></u>
<u>1/1/10</u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
ABOVE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/15/10</u>	<u>\$25-</u>	<u>DINNER</u>
<u>1/1/10</u>	<u>\$</u>	<u></u>
<u>1/1/10</u>	<u>\$</u>	<u></u>

► NAME OF SOURCE
MENIFEE POST (PATTY DORATI)
ADDRESS (Business Address Acceptable)
30141 ANTELOPE RD MENIFEE CA 92584
BUSINESS ACTIVITY, IF ANY, OF SOURCE
WILDOMAR MAYORS BALL

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/18/10</u>	<u>\$20</u>	<u>PICNIC</u>
<u>1/1/10</u>	<u>\$</u>	<u></u>
<u>1/1/10</u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>MARY CRATON</u>

► NAME OF SOURCE
CR+R

ADDRESS (Business Address Acceptable)
1706 GOETZ RD PERRIS CA 92572

BUSINESS ACTIVITY, IF ANY, OF SOURCE
COCKTAILS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/16/10</u>	<u>\$ 40 -</u>	<u>COCKTAILS</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

MARY CRATON

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE

LEAGUE OF CA CITIES

ADDRESS (Business Address Acceptable)

1400 K ST SACRAMENTO

CITY AND STATE

SACRAMENTO CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BOARD OF DIRECTORS MEETINGS

DATE(S): 1/1/10 - 12/31/10 AMT: \$ 1208
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: TRAVEL MEALS + LODGING

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____